

EMERGENCY PREPAREDNESS FOR ASSISTED LIVING ARE YOU READY?



North Carolina Department of Health & Human Services
Division of Health Service Regulation
Adult Care Licensure Section



Disclaimer: The information in this training is a general guide to assist providers with emergency preparedness. This training is not all-inclusive of factors to consider in emergency preparedness and should be used only for the sole purpose of provider education.

The information contained in these slides is current at the time of recording, however, some information may change at a later time, particularly information related to the 2019 Novel Coronavirus, known as COVID-19.

PART I -- EMERGENCY PREPAREDNESS OVERVIEW

LEARNING OBJECTIVES:

- PROVIDE REGULATORY REQUIREMENTS RELATED TO EMERGENCIES AND DISASTERS.
- PROVIDE INFORMATION ON DEVELOPING A WRITTEN PLAN FOR EMERGENCIES AND DISASTERS.
- PROMOTE RESIDENT AND STAFF SAFETY THROUGH COMMUNICATION WITH LOCAL EMERGENCY MANAGEMENT AGENCIES, DSS AND DHSR.

PART II-- HURRICANE PREPAREDNESS

LEARNING OBJECTIVES:

- HURRICANE PREPAREDNESS PLANS
- HURRICANE PREPAREDNESS & COVID-19

EMERGENCY PREPAREDNESS REGULATIONS

10A NCAC 13F - Adult Care Home Regulations

- .0307 – Fire Alarm System
- .0308 – Fire Extinguishers
- .0309(a-f) – Plan for Evacuation/Written Disaster Plan
- .0311(a) – Other Requirements
- .0407(a)(2) – Other Staff Qualifications
- .1211(b) – Written Policies and Procedures

10A NCAC 13G - Family Care Home Regulations

- .0316 – Fire Safety and Disaster Plan
- .0317(a) – Building Service Equipment
- .0316(f) – Fire and Evacuation Plan
- .0406(a)(2) – Other Staff Qualifications
- .1211(b) – Policies and Procedures

EMERGENCY PREPAREDNESS PLANNING OVERVIEW

PART I

THE IMPORTANCE OF EMERGENCY PREPAREDENESS

- Emergencies occur frequently, pre-planning is vital for the safety of residents and staff who must respond.
- Being prepared for emergencies can:
 - lessen the impact of disasters and keep people safe
 - Ensure efficient use of resources, time and efforts before, during, and after the emergency event
- It can be the difference between life and death.

WHAT DOES A GOOD EMERGENCY PREPAREDNESS PLAN LOOK LIKE?

Each licensed adult care home and family care home should develop and implement a comprehensive, facility-specific, emergency preparedness (EP) plan that incorporates:

- An all-hazards approach to meeting the health, safety, and security needs of the residents, staff, and community before, during, and after an emergency or disaster.
- The all-hazards approach includes preparedness for internal and man-made emergencies, natural disasters, and public health and emerging infectious disease threats.

ALL-HAZARDS APPROACH – TYPES OF EMERGENCIES

- Natural
 - Hurricanes, Floods, Winter Storms
- Man-made
 - Hazardous Materials, Groundwater Contamination, Structure Failures
- Business/Operational
 - Supply Chain Interruption, Staffing shortages
 - Utility Outages, Facility Fire
 - Cyber attacks
- Public Health
 - Communicable and Infectious Disease (Example: COVID-19, Influenza, Norovirus)
- Workplace Violence
 - Intruders, Active Shooter Incidents, Facility Fatalities
- Maintenance
 - System Failures (Example: Electronic Medication Administration Records (E-MARs), AC/Heat, Burst Sprinkler Systems)

WHAT DOES A GOOD EMERGENCY PREPAREDNESS PLAN LOOK LIKE? (continued)

Each facility emergency plan should be based on a risk assessment and all-hazards approach:

- All-hazards --By evaluating, documenting, and examining potential disasters or emergencies that pose the highest risk to a facility
- Looking at the past, present and future to assess the foreseeable impacts
- Based on the facility's
 - geographical location
 - structural conditions
 - the needs and characteristics of the resident population served
 - other influencing factors

COMPONENTS OF A COMPREHENSIVE EMERGENCY PREPAREDNESS PLAN

Each facility emergency plan should include the following components:

- a) The plan should address all hazards such as natural weather events, manmade events, business/operational events, public health and emerging infectious disease threats, workplace violence and maintenance issues.

- b) Provision for the care of all residents in the facility before, during and after an emergency or disaster, including
 - protecting the facility;
 - supplies;
 - emergency power;
 - food and water;
 - staffing; and
 - emergency equipment.

COMPONENTS OF A COMPREHENSIVE EMERGENCY PREPAREDNESS PLAN (CONTINUED)

- c) Evacuation Procedures -- Provision for the care of all residents when evacuated from the facility during an emergency, including
- identification of residents and transfer of resident records;
 - evacuation transportation;
 - sheltering arrangements;
 - supplies;
 - staffing;
 - emergency equipment; and
 - medications.

Important Note!

For adult care homes, evacuation to a public emergency shelter should only be considered as a last resort and is not an appropriate primary shelter option. Facilities should plan and coordinate with other licensed adult care homes to ensure safe and appropriate care of residents during an emergency.

This may also apply to family care homes whose residents have cognitive or physical impairments that may make going to a public shelter an unsafe option.

COMPONENTS OF A COMPREHENSIVE EMERGENCY PREPAREDNESS PLAN (CONTINUED)

- d) Sheltering Residents from Other Facilities -- Provision for care of additional residents who may be evacuated *to* the facility during an emergency,
 - including identification of residents
 - staffing
 - accommodations/space
 - and supplies

- e) Residents with Special Needs -- Identification of residents with Alzheimer's disease and related dementias, residents with mobility limitations, and any other residents who may need specialized assistance, equipment or accommodations either at the facility or in case of evacuation.

COMPONENTS OF A COMPREHENSIVE EMERGENCY PREPAREDNESS PLAN (CONTINUED)

- f) Partnering with Local EM -- Identification of and coordination with the local emergency management agency.
- g) Available Resources -- Identification of appropriate local and state resources for emergency response.
- h) Delegating Tasks -- Identification of staff responsible for implementing each part of the plan.

EMERGENCY PREPAREDNESS PLAN REVIEW & APPROVAL

- The facility's emergency preparedness plan should be submitted for review to the local emergency management agency.
- Newly licensed facilities and facilities that have changed ownership should submit an emergency preparedness plan to the local emergency management agency as soon as possible after obtaining a license. (30 days)
- Each facility should review the emergency preparedness plan annually and update the plan as needed. Any changes to the plan should be submitted to the local emergency management agency as soon as possible. (30 days)

EMERGENCY PREPAREDNESS RECORDS & TRAINING

- All facility staff shall be trained upon hire and annually on the facility's emergency plan and their responsibilities for implementing the plan.
[Refer to 10A NCAC 13F .0407(a)(2) and .1211(b)/ 10A NCAC 13G .0406(a)(2) and .1211(b)]
- Keep a copy of the emergency preparedness plan on-site at the facility, and in a location accessible to staff.
- Conduct drills to test the facility's emergency plan.

REPORTING, COMMUNICATION AND WAIVERS

- The facility should report the evacuation of residents and staff to the local emergency management agency and the DHSR Adult Care Licensure Section as soon as practicable from the decision to evacuate, and shall notify both agencies as soon as practicable of the return of residents and staff to the facility.
- For everyone's safety, do not re-occupy the facility after evacuation until local building officials have given approval to do so.

REPORTING, COMMUNICATION AND WAIVERS

(Continued)

- If a facility intends to go above their licensed bed capacity, utilize licensed beds or spaces in the facility for purposes other than for which they are licensed, or shelter additional residents from an evacuating facility, the facility must request a waiver from the Division of Health Service Regulation in accordance with the Division's procedures.

Note: Waivers of rules can only be granted under certain circumstances and only in accordance with N.C.G.S. 131D-7. Waiver forms can be found on the ACLS website at

<https://info.ncdhhs.gov/dhsr/acls/acforms.html#resident>

- Have a plan for communicating with residents, their families and legal guardians about emergency situations including, but not limited to, evacuation of residents from the facility, return of residents to the facility after evacuation, when an unexpected emergency or disaster has occurred, and when there is a communicable disease outbreak in the facility.

HURRICANE PREPAREDNESS

PART II

RECENT HURRICANES THAT HAVE IMPACTED NORTH CAROLINA

2016 Hurricane Matthew = Category 2

2018 Hurricane Florence = Category 2 and Tropical Storm Michael

2019 Hurricane Dorian = Category 1

Triple threat of a hurricane causing power outages, flooding, and physical damage to buildings, trees, and other structures:

- Strong winds
- Storm surge
- Torrential rain

HURRICANE PREPAREDNESS PLANS

Applying information from Part I of this training:

- ✓ Risk Assessment
- ✓ The Plan
- ✓ Training
- ✓ Communication

RISK ASSESSMENT

- What are the highest risks to the facility during a hurricane?
- Looking at the past, present and future to assess the foreseeable impacts
- Based on the facility's
 - geographical location
 - structural conditions
 - the needs and characteristics of the resident population served
 - other influencing factors

Providing for the care of all residents in the facility before, during and after a hurricane

- **Protecting the facility**

- Check doors, windows, roof for potential leaks or other hazards
- Check for outdoor hazards on the grounds of the facility such as patio furniture, potted plants and lawn décor, that could become flying objects.
- Test fire alarm and sprinkler system
- During the storm, conduct frequent checks of these things

- **Supplies**

Flashlights (no candles!)

Weather radio/apps

Extension cords

Personal wipes

Toilet paper

Bleach/sanitizer

Disposable plates, cups, straws, utensils

Blankets

Phone chargers/power bank

Coolers

Lighters/matches

Hand wipes

Hand sanitizer

Batteries

Mops/buckets

Plastic bags

First aid kits

Latex gloves

Providing for the care of all residents in the facility before, during and after a hurricane (Continued)

- Emergency power
 - Permanent generator – test it, ensure adequate supply of fuel, belts, filters and lubricants for proper functioning.
 - Contract for emergency back-up power – contact vendor
 - Neither? – Reach out to the local emergency management agency to ensure they are aware of the facility.
- Food, water, medications and other supplies
 - At least 3 days supply of perishable, 5 day supply non-perishable foods
 - Water – at least 1 gallon per person per day (plan for 3 days)
 - Ice and water (use coolers)
 - Have dietary staff prepare alternate emergency menus in case power is lost or supplies cannot be delivered.
 - Assure ample supply of resident medications, and personal care supplies

Providing for the care of all residents in the facility before, during and after a hurricane (Continued)

- Staffing

- Prepare emergency staffing schedules well in advance to assure adequate staffing coverage to meet the needs of the residents.
- Keep supervisors informed and have them communicate with other staff frequently.
- Have supervisors closely monitor staffing levels and needs.
- Ensure all staff have been trained on emergency procedures and have all important contact information (administrator, local EM agency, etc.)

- Emergency equipment

- Facility vehicles are fueled and operable
- Walkie talkies with extra batteries for communication
- Portable radios with extra batteries
- Flashlights with extra batteries for staff and residents

Emergency Evacuation of Residents & Staff

- Written Procedures -- review with staff, especially supervisor and managers
- Identification of residents
 - Make several copies of a current resident roster
 - Make note of any residents who have special needs or equipment (oxygen, special diets, wandering behaviors, etc.)
 - Consider making 'pocket cards' with the residents' and the facility's information to put with residents' "emergency to go kit"
- Transfer and safekeeping of resident records, including MAR's, medications, advance directives and DNRs, and family contact information – protect from water damage

Emergency Evacuation of Residents & Staff (Continued)

- Evacuation transportation
 - Keep transportation company phone number posted
 - Make contact and confirm availability as far in advance as possible
 - Secure enough transportation to accommodate, residents, staff, records, medications, and all necessary supplies and equipment
- Sheltering arrangements
 - Partner with other licensed adult care homes outside of your evacuation zone to establish a plan for sheltering at their facility.
 - Make sure that the place where you are going to shelter is a safe distance that is not in the direct path of the storm
 - Confirm bed availability and what supplies your facility will be responsible for bringing.
 - Have a back-up shelter location! (and a back-up to the back-up)

Emergency Evacuation of Residents & Staff (Continued)

- Supplies

- Prepare an “emergency to go bag” for each resident.

To go bags might include:

- Identification card with facility and family contact information
- Personal hygiene supplies – toothbrush, toothpaste, deodorant, comb/brush, lotion, soap, shaving cream and razor, denture cleaner
- 3 day supply of clothing, including undergarments
- At least a 3 days supply of prescribed medications
- Rain poncho
- Sunscreen and sunglasses and/or hat
- Any assistive devices (eyeglasses, hearing aides, dentures, prosthetics, walker, wheelchair), all properly labeled with resident’s name
- Batteries and cases for hearing aides and other devices
- Hand sanitizer and other infection control items
- Bottled water and snacks

Emergency Evacuation of Residents & Staff (Continued)

- Staffing

- Sufficient staff to provide care and supervision of residents should be evacuated with the residents and should remain with the residents for the duration of the evacuation.
- Schedule enough staff to allow time for rest.
- Have a copy of a current list of staff, their contact information, as well as an emergency contact person
- Remind staff to fill up their personal vehicles with gas a day or two ahead of the storm, as well as make all needed personal arrangements such as child care or elder care.

- Any other emergency equipment and supplies (PPE, cell phones, chargers, incontinence products, etc.)

- Notification of Evacuation

- Local emergency management agency
- DHSR Adult Care Licensure Section and
- Local Department of Social Services
- Resident families and legal guardians

AFTER THE STORM: ASSESSING & REPORTING DAMAGE

- When it is safe to do so, assess the facility for any damage.
- After evacuation, only re-enter the facility with clearance from local building and emergency management officials.
- Report any facility damage or power outages to the local emergency management agency.
- Take an inventory of damaged goods, including taking photos.
- Clear as much debris as possible to prevent accidents.
- Ensure that all systems in the facility are working properly, such as the HVAC system (air conditioning), fire alarm and sprinkler system, water, generator, special door locking systems, etc.
- Notify the DHSR Construction Section immediately of any damage to the facility or issue with any of the facility's systems.

SPECIAL CONSIDERATIONS RELATED TO HURRICANE PREPAREDNESS DURING A PUBLIC HEALTH EMERGENCY, SUCH AS COVID-19

- The need for a sufficient supply of PPE for staff and residents in the event normal supply chains are interrupted.
- Strategies for optimizing the supply of PPE, especially during the emergency.
- Update the facility's vendor agreements to procure and deliver supplies and equipment in case of a shortage, including food and personal hygiene supplies. If a facility does not contract with vendors, consider building a back-up supply of necessary items.
- Confirm with transportation vendors that they are still in operation and available to assist in the event of a facility evacuation.
- Pack at least 2 face masks or cloth face coverings and alcohol-based hand rub in each resident's emergency "to go" bag.

SPECIAL CONSIDERATIONS RELATED TO HURRICANE PREPAREDNESS DURING A PUBLIC HEALTH EMERGENCY, SUCH AS COVID-19 (Continued)

- Confirm with the locations the facility has identified for evacuation to ensure the location is available and willing and able to accept/shelter the residents and staff if needed. If yes, the facility should also determine what, if any, are the restrictions or protocols related to COVID-19 at the sheltering location, including if the location is willing and able to accept residents who are COVID-19 positive or if the receiving facility has any positive cases and if yes, how those positive residents can be successfully isolated.

SPECIAL CONSIDERATIONS RELATED TO HURRICANE PREPAREDNESS DURING A PUBLIC HEALTH EMERGENCY, SUCH AS COVID-19 (Continued)

- Confirm with the local emergency management agency what sheltering options are available and what the restrictions and requirements are for sheltering at those sites. There is expected to be decreased capacity at local shelters in order to allow for social distancing.

Resource: To find your local emergency management agency, go to

<https://www.ncdps.gov/Emergency-Management/EM-Community/Directories/Counties>.

- If your facility typically shelters residents from other adult care homes during an emergency, consider what protocols will be implemented to prevent transmission of COVID-19 in the facility such as examining the physical layout of the facility to allow for social distancing, screening visiting staff and residents for symptoms of respiratory illness, availability of PPE and other supplies, etc.

SPECIAL CONSIDERATIONS RELATED TO HURRICANE PREPAREDNESS DURING A PUBLIC HEALTH EMERGENCY, SUCH AS COVID-19 (Continued)

- Ensure a sufficient fuel supply for generators as some areas may experience fuel shortages.
- Contact residents' families in advance to determine if residents would be able to evacuate to a family member's home in the event of an emergency or staffing shortage due to the hurricane.
- Review staffing plans and develop a contingency plan for staffing shortages caused by COVID-19, a hurricane event, or both to ensure adequate staffing before, during and after the emergency. Note: In prior years, facilities have allowed staff who are assigned to work during a hurricane to bring their family and children to stay at the facility. This may not be advisable or optional at this time due to the risk of transmitting COVID-19.

RESOURCES

- N.C. Department of Public Safety Emergency Preparedness
<https://www.ncdps.gov/our-organization/emergency-management/emergency-preparedness>
- N.C. Emergency Management: Hurricane Season During the COVID-19 Pandemic
<https://www.readync.org/plan-and-prepare/hurricane-season-during-covid-19-pandemic>
- Centers for Disease Control & Prevention (CDC): Hurricanes and COVID-19
<https://www.cdc.gov/disasters/hurricanes/covid-19/prepare-for-hurricane.html>
- N.C. Department of Health & Human Services: COVID-19 Information Hub
<https://www.nc.gov/covid19>
- N. C. DHHS Division of Health Service Regulation Adult Care Licensure Section
<https://info.ncdhhs.gov/dhsr/acls/index.html>
- N.C. DHHS Division of Health Service Regulation Construction Section
<https://info.ncdhhs.gov/dhsr/const/index.html>